B 210A (Form 210A) (12/09)

United States Bankruptcy Court Southern District of New York

In re Lehman Brothers Holdings Inc., et al., LBSF.	Case No. <u>08-13555 (JMP)</u> (Jointly Administered)				
Name of LBSF Against Which Claim is Held In re Lehman Brothers Special Financing Inc.	Case No. of LBSF 08-13888 (JMP)				

PARTIAL TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee and Transferor hereby give evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice. Transferor waives its right to raise any objection to the transfer of the claim to Transferee, and Transferor waives its right to receive notice pursuant to Rule 3001 (e), Fed. R. Bankr. P. of the transfer of the claim. Transferor consents to the substitution of Transferor by Transferee for all purposes in the above referenced bankruptcy cases with respect to the claim, including without limitation, for voting and distribution purposes. Transferor stipulates that an order of the Bankruptcy Court may be entered without further notice to Transferor transferring the claim to Transferee and recognizing Transferee as the sole owner and holder of the claim. Transferor hereby directs that all payments, distributions, notices and communications in respect of or with respect to the claim be made to Transferee.

Ore Hill Hub Fund Ltd.	Goldman Sachs Lending Partners LLC					
Name of Transferee	Name of Transferor					
Name and Address where notices to transferee	Court Claim # (if known):33659					
should be sent:	Amount of Claim as Filed: \$8,573,356.64					
	Amount of Claim Transferred: \$3,092,147.63					
Ore Hill Partners LLC	Date Claim Filed: 9/22/09					
HSBC Tower	LBSF: Lehman Brothers Special Financing Inc.					
452 Fifth Ave						
New York, NY 10018						
Attn: Kate Sinopoli						
e-mail: ksinopoli@orehill.com						
Phone: (212) 649-6700	Phone:					
Last Four Digits of Acct #:	Last Four Digits of Acct. #:					
Name and Address where transferee payments should be sent (if different from above):						
Phone:						
Last Four Digits of Acct #:						

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By:	Chron	Date: 8/14/12
	Name of Transferee/Transferee's Agent CLAUDE BAUM	1, 1
Ву:	Name of Transferor/Transferor's Agent	Date:

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 Y.S.C. §§ 152 & 3571.

I declare under penalty of perjury	that the	information	provided i	n this	notice	is true	and	correct	to 1	the
best of my knowledge and belief.		1								

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